



Medtronic
Heerlen, 22nd April 2014

4.
Medtronic Trading NL B.V.
Postbus 2542
6401 DA Heerlen
Tel.: 045-5668800
Fax: 045-5668276

De weledelgeleerde heer

[REDACTED]
Afdeling Cardiothoracale Chirurgie
Leids Universitair Medisch Centrum
Postbus 9600
2300 RC Leiden

Dear [REDACTED]

At our request, you have kindly agreed to participate at the CRS Symposium which will be held in Figt Zeist on 25th April and to give a presentation on the topic of "End Stage Heartfailure: Cardiac Support devices, Heart Transplantation & Cardiothoracic surgical Treatment options".

As compensation for the above, we will pay you an honorarium of € 880,- which will be transferred to your bank account following the meeting and upon receipt of a copy of your presentation.

In accordance with Medtronic's expense reimbursement policies, we shall cover the following costs for your participation in the above event:

- Travel costs: Ground transportation (0.29 euro/km)

If not directly paid by Medtronic, such expenses will be reimbursed upon your submission of the original receipts. Please note that any additional hotel costs, such as minibar, telephone, expenses for accompanying persons (double occupancy) or for an extension of your stay cannot be organized or reimbursed by Medtronic.

You shall own all copyrights to materials created by you and which are distributed or otherwise presented during the meeting. However, you agree that you will grant to Medtronic an unlimited, perpetual, worldwide and royalty free license to use, copy and distribute such copyrighted materials in any medium. Medtronic agrees to include the following legend in any reprints: Reprinted with the permission of [REDACTED]

In addition, you agree that Medtronic wishes to receive the information presented by you on a non-confidential basis so we can use your advice and suggestions in our process of developing and improving our products. We ask that you do not disclose to Medtronic any ideas that you consider confidential or proprietary. Accordingly, we are free to use your comments and suggestions in our products. Should you wish to disclose an idea to Medtronic in confidence, it must be the subject of a separate agreement.

If you agree to the above mentioned arrangement, may we ask you to please sign this letter in the space provided below, to submit it to your medical institution administration or employer for signature, and return a signed original to our office.

We would like to state that this Agreement does not create any obligation or expectation for you or your medical institution to use, promote or purchase Medtronic products.





Medtronic

Alleviating Pain • Restoring Health • Extending Life

We greatly appreciate your willingness to share with us your insights and the benefit of your experience. Only by partnering with and learning from experts like you can Medtronic design and develop medical devices, which continually improve our patients' quality of life.

Yours sincerely,

MEDTRONIC Trading NL BV

[Redacted signature block for Medtronic]

Date: 22-04-2014

PHYSICIAN

[Redacted signature block for Physician]

Date: 25 April 2014

MEDICAL INSTITUTION/EMPLOYER

LUMC has reviewed, and hereby approves and authorizes, each and all of the terms and provisions of this Agreement. The individual signing below represents and agrees that he/she is authorized to sign this Agreement as a representative of, and on behalf of LUMC.

mr.drs. Paul Bilars

managing director

Department of Internal medicine

Leiden University Medical Center

By: _____

Title: _____

Signature: _____

Date: 1-5-14

By accepting the above arrangement, Medical Institution and Physician agree that Medtronic may store in a global electronic database for its ongoing and future processing and use, contract and administrative information, including personal data (i.e., name, address, etc.) in relation to Medical Institution and Physician. Medical Institution and Physician further agree that such information may be provided to other Medtronic entities, including Medtronic, Inc. in the United States and to any appropriate regulatory authority, consistent with Medtronic's obligations to same.



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Alleviating Pain • Restoring Health • Extending Life

REQUEST FOR REIMBURSEMENT OF EXPENSES

CRS Symposium 2014
Fgl Zeist
25th April 2014

De weledelgeleerde heer
[redacted]
Afdeling Cardiothoracale Chirurgie
Leids Universitair Medisch Centrum
Postbus 9600
2300 RC Leiden

If expenses are to be reimbursed under this Agreement, please complete the information below and forward this request to our office together with your original receipts:

Expenses:

Ground transportation:

(2 x 64 km @ 0.29 €)

37.12 €

Total:

91 7.12 €

Bank details:

Account holder:

[redacted]

Account number:

[redacted]

Bank:

[redacted]

IBAN:

[redacted]

[redacted]